STATE OF MARYLAND—CERTIFICATE OF DEATH

64988

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Garrett — Registration Dist. No. 166

Village or City Crellin — No. ____ St., ____ Ward

(If death occurred in a horpital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred 40 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Duncan Dolphus Adams — If U. S. Veteran, specify WAR No

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word)
Male	white	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Stella Elizabeth Adams

6. DATE OF BIRTH (month, day, and year) July 19, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	46	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Machinist

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Railroad

10. Date deceased last worked at this occupation (month and year) May 28, 1939. — 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) Mt. Carmel, Preston Co. (State or country) West Va.

FATHER

13. NAME P. K. Adams

14. BIRTHPLACE (city or town) Aurora, (State or country) W. Va.

MOTHER

15. MAIDEN NAME Sarah Elizabeth Roy

16. BIRTHPLACE (city or town) St. George, (State or country) W. Va.

17. INFORMANT Morgan Denton Adams, (Address) Crellin, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Terra Alta, WVa. Date May 31, 1939

19. UNDERTAKER Fike & Watson By Preston A. Watson (Address) Terra Alta, W.Va.

20. FILED ✓, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 29th (Dey), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1939 to May 29, 1939

I last saw him alive on May 29, 1939; death is said to have occurred on the date stated above, at 7:30 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: — Date of onset

Coronary Thrombosis — 5/29/39

Other Contributory Causes of importance:

Name of operation None — Date of ____

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way releted to occupation of deceased? No

If so, specify ____

(Signed) Edwin Baumgartner M. D.

(Address) Oakland, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-C)

Reg. Dist. No. 166

04989

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Garrett

(b) City or town Sang Run (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 83 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Garrett

(c) City or town Sang Run (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nathan Casteel Browning

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Annie E. Fazenbaker

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1856

8. AGE: Years 83 Months Days 10 If less than one day hr. min.

9. Birthplace Sang Run, Garrett Co. Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Wm Browning

13. Birthplace Garrett County, Maryland

MOTHER

14. Maiden Name Ann DeWitt

15. Birthplace Garrett County, Maryland

16 (a) Informant J. Frank Browning

(b) Address Oakland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/39 (month) (day) (year)

(c) Cemetery or crematory Hoyes, Md.

Location

18 (a) Funeral director Bolden Undertaking Co.

(b) Address Oakland, Md.

19 (a) 5/16/39 (Date rec'd by registrar) (b) Julia Rowe Registrar

MEDICAL CERTIFICATION

20. Date of death May 14, 1939 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/5/39 19 , to 5/14/39 19 , and that I last saw him alive on 5/5/39 19 .

Immediate cause of death Cerebral Arteriosclerosis Cerebral softening

Due to Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature N. J. Bradwater M. D. or other

Address Oakland, Md. Date signed 5-16-39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 166

CERTIFICATE OF DEATH

04990

1. PLACE OF DEATH:

(a) County Garrett

(b) City or town Mt. Lake Park, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: ---

(d) Length of stay in hospital or inst. (yrs., mos., or days) --

(e) Length of stay in this community (yrs., mos., or days) 15 yr.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Garrett

(c) City or town Mt. Lake Park, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. ----
(If rural give location)

(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Annie Sophia Clary

3 (b) If veteran, name war ----

3 (c) Social Security No. ----

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ---

6. (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1869

8. AGE: Years 69 | Months 5 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Myersville, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation none unk

11. Industry or business none unk

FATHER
12. Name William Henry Clary
13. Birthplace unk

MOTHER
14. Maiden Name Eliza Matilda Wheat
15. Birthplace unk

16 (a) Informant Mrs. Alma Bell
(b) Address Mt. Lake Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1939 (month) (day) (year)

(c) Cemetery or crematory Deer Park
Location Deer Park, Md.

18 (a) Funeral director Herbert C. Leighton
(b) Address Oakland, Md.

19 (a) 5/2/39 (Date rec'd by registrar) (b) Julie Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death May 1, 1939, at 4:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from m 1938, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death Arteriosclerosis

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature M. C. Hinebaugh M. D. or other

Address Oak Pond Date signed May 2nd

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

04991

1. PLACE OF DEATH (M4a)

County Garrett Registration Dist. No. 162

Village or City Near Grantsville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Lucile Durst

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 13 1939

7. AGE Years | Months 2 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Victor Durst

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lilly Beeman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Richard Durst (Address) Grantsville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Richard Durst Farm Date May 2, 1939

19. UNDERTAKER Undertaker (Address) Grantsville

20. FILED May 1, 1939 C H Bill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1939, to May 1, 1939

I last saw her alive on Apr 27, 1939; death is said to have occurred on the date stated above, at 2:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Suffocation, choked while nursing

Date of onset

Other Contributory Causes of importance: Bronchitis

Name of operation Date of

Whet test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) N. R. Davis M. D.

(Address) Grantsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04992

1. PLACE OF DEATH (46-D)

County Garrett Registration Dist. No. 161

Village or City Friendsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John R. Fike If U. S. Veteran, specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Molly Fike

6. DATE OF BIRTH (month, day, and year): July 26 - 1863

7. AGE: Years 75 | Months 9 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Levi Fike

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah Fike

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mrs Jno R Fike

18. BURIAL, CREMATION, OR REMOVAL

Place: Accident Date: 5/4, 1939

19. UNDERTAKER (Address): W. W. Savage Friendsville

20. FILED: May 3, 1939 Jeannette Statler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 2 (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1939, to Apr 30, 1939

I last saw him alive on Apr 30, 1939; death is said to have occurred on the date stated above, at 2 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma fretum

Date of onset

Other Contributory Causes of importance:

Senescence.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. D. Brown M. D.

(Address) Friendsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04993

(131)

1. PLACE OF DEATH

County Garrett — Registration Dist. No. 161

Village or City Friendsville — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William M. Fike — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Rebecca Fike

6. DATE OF BIRTH (month, day, and year) July 26-1857

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
81	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Levi Fike

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Fike

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Fike (Address) Friendsville Md

18. BURIAL, CREMATION, OR REMOVAL Place Friendsville Date June 3rd, 1939

19. UNDERTAKER W. F. (Savage) (Address) Friendsville Md

20. FILED June 1, 1939 Jeannette Staley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 31 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938, to May 27, 1939.

I last saw h-im alive on May 27, 1938; death is said to have occurred on the date stated above, at 7:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Nephritis, Chronic	
Cardiac disease	
anasarca	
Other Contributory Causes of importance:	
Senility	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) R. D. Brown M. D.

(Address) Friendsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8) Reg. Dist. No. 166-

CERTIFICATE OF DEATH

04994

1. PLACE OF DEATH:
(a) County Garrett
(b) City or town Swanton. Maryland.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Garrett
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Infant Friend

3 (b) If veteran, name war: No

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May, 7, 1939

8. AGE: Years | Months | Days | If less than one day ____hr. ____min.

9. Birthplace: Swanton. Maryland.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Leslie Carrol Friend
13. Birthplace: Swanton. Md.

MOTHER
14. Maiden Name: Dorothy May Rhodes
15. Birthplace: Swanton. Maryland.

16 (a) Informant: Dr. E.E. Sellars.
(b) Address: Deer Park Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-1939 (month) (day) (year)
(c) Cemetery or crematory: Deer Park Md.
Location

18 (a) Funeral director: J.G. Friend-
(b) Address: Swanton. Md.

19 (a) 5/7/39 (Date rec'd by registrar) (b) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death May. 7. 1939 19____, at 5-P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7- 19 39, to 5-7- 19____, and that I last saw him alive on Dead 19____.

Immediate cause of death Still Born	Duration
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward E Sellars M. D. or other
Address Deer Park Md Date signed 5/7/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 166

04995

CERTIFICATE OF DEATH

(8)

1. PLACE OF DEATH:

(a) County Garrett

(b) City or town Swanton Maryland
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Garrett

(c) City or town Swanton. Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: DAYTON CHESTER FRIEND

3 (b) If veteran, name war: 0

3 (c) Social Security No. 0

4. Sex: MALE

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May. 8, 1939

8. AGE: Years | Months | Days | If less than one day ____hr. ____min.

9. Birthplace SWANTON MARYLAND.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Chester Friend
13. Birthplace Swanton. Md.

MOTHER
14. Maiden Name Della Louise Howell
15. Birthplace Swanton. Maryland.

16 (a) Informant Dr. E.E. Sollars.
(b) Address Deer Park Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-37 (month) (day) 1939 (year)

(c) Cemetery or crematory Swanton. Md.
Location

18 (a) Funeral director Emroy Bolden
(b) Address Oakland. Md.

19 (a) 5-8-1939 (Date rec'd by registrar) Julia Rowe Registrar

MEDICAL CERTIFICATION

20. Date of death May. 8. 1939 19___, at 10 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May, 8, 19 39 5- 19___, and that I last saw him alive on May, 8, 19___. Dead

Immediate cause of death	Duration
Still Born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward E. Sollars M. D. or other

Address Deer Park Md Date signed 5/8/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04996

1. PLACE OF DEATH

County Garret — Registration Dist. No. 161

Village or City Friendsville, No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lula Ellen Casteel Friend

(a) Residence: No. Friendsville, St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Friend

6. DATE OF BIRTH (month, day, and year) May 20, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	51	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Garret Co. Md.

FATHER

13. NAME Arch Casteel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Sterling

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) George E. Friend

18. BURIAL, CREMATION, OR REMOVAL

Place Flowning Rose Date May 16, 1939

19. UNDERTAKER (Address) W. W. Savage Friendsville Md

20. FILED May 19, 1939 Jeannette Staten Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 14, (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1938, to May 14, 1939

I last saw her alive on May 11, 1939; death is said to have occurred on the date stated above, at 8 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary occlusion	5-14-39

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Eugene Greenwald M. D.

(Address) Friendsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUN 5 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94E) Reg. Dist. No. 166

CERTIFICATE OF DEATH

04997

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Garrett
(b) City or town Oakland, Md. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Second St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in this community (yrs., mos., or days) 20 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED.
(a) State Md. (b) County Garrett
(c) City or town Oakland, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Second St. (If rural give location)
(e) If foreign born, how long in U. S. A.? No years

3 (a) FULL NAME David Kenerson Glaze

3 (b) If veteran, name war: No
3 (c) Social Security No.: No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Etta (Wright) Glaze
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1861

8. AGE: Years 78 | Months 1 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Alaska, W. Va. (Town, county, and state)
10. Usual occupation Track Laborer
11. Industry or business B & O Rail Road

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Frank Glaze
(b) Address Oakland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1939 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Oakland, Md.

18 (a) Funeral director Herbert C. Leighton
(b) Address Oakland, Md.

19 (a) 5/31/1939 (Date rec'd by registrar) (b) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death May 29, 1939, at 6:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1939, to May 29 1939, and that I last saw him alive on May 29 19 39.

Immediate cause of death	Duration
Coronary Occlusion (Thrombosis)	May 1939
Due to Arteriosclerosis	
Due to	
Other conditions Epilepsy (Include pregnancy within 3 months of death)	2

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin Baumgartner M.D. (M.D. or other)
Address Oakland Md Date signed May 31-39

RECEIVED
JUN 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04998

Reg. Dist. No. 16v

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Grantsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 25

Stay in this community (yrs., or mos., or days) 35

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Garrett

City or town Grantsville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gertie Hand

3. (b) Social Security Number

4. Sex: Female | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 1 - 1869

8. AGE: Years 70 | Months 2 | Days — | If less than one day hrs. min.

9. Birthplace Millsun Garrett Md (Town, county, and state)

10. Usual occupation Retired School Teacher

11. Industry or business

FATHER 12. Name Wm F Hand

13. Birthplace Md

MOTHER 14. Maiden name Mary Mathen

15. Birthplace Md

16. Informant Maril Conley

Address Grantsville Md

17. Grantsville (Burial, cremation, or removal. Which?) Date thereof 6 (month) 2 (day) 1939 (year)

Cemetery or crematory Grantsville Cemetary

Locafion

18. Funeral director Wm Winterberg

Address Grantsville, Md

19. June 1 1939 (Date rec'd by registrar) C H Bill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 31 1939, at 6:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JAN 1 1938, to MAY 31 1939, and that I last saw her alive on MAY 31 1939.

	DURATION
Immediate cause of death: CEREBRAL HEMORRHAGE	4 days
(This was 5th. hemorrhage)	
Due to: ARTERISCLEROSIS	10 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations NONE

Ot autopsy NONE

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C H Hoke Jr M. D. or other

Address SALISBURY PA Date signed 6-1-39

RECEIVED
JUN 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04999

V. S. No. 1

N. B.—WRITE IN BLACK, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (82a)

County GARRETT Registration Dist. No. 166

Village or City OAKLAND, MD. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Langth of residanca in city or town whera death occurrad yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME JOHN FREDERICK MENHORN. If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)
MALE	WHITE	MARRIED.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of MINNIE E. MENHORN.

6. DATE OF BIRTH (month, day, and year) MAY 19th, 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11		

OCCUPATION

8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Retired Blacksmith.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceasad last workad at this occupation (month and yaar)

11. Total tima (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Accident,
(State or country) Maryland.

FATHER

13. NAME Michael Menhorn.

14. BIRTHPLACE (city or town) Germany.
(Steta or country)

MOTHER

15. MAIDEN NAME Elizabeth Deihl.

16. BIRTHPLACE (city or town) Germany.
(Stata or country)

17. INFORMANT Calvin Menhorn.
(Address) Oakland, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cem. Date May 21st., 1939

19. UNDERTAKER Emroy D. Bolden.
(Addrass) Oakland, Md.

20. FILED May 20, 1939 Jules Rowan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
May (Month) May 18th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1939, to May 16, 1939

I last saw him alive on May 16, 1939; death is said to hava occurred on the data statad above, at 12:10 A. M

The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:

	Date of onset
Cerebral accident	
Congestive Heart failure	
Othar Contributory Causes of importance:	
Hypertension	

Nama of operation Data of

What tast confirmed diagnosis? Was thara an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Date of injury, 19

Whare did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury

Nature of injury

24. Was disaasa or injury in any way ralatad to occupation of deceased? no

If so, specify

(Signed) Clyde P. Berger M. D.

(Addrass) Oakland, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUN 8 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05060

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Garrett — Registration Dist. No. 172

Village or City Deer Park — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lucinda Susan Moon — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5e. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. ~~Wilson~~ Moon

6. DATE OF BIRTH (month, day, end year) Dec. 14 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	84	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Garrett County
(State or country) Maryland

FATHER

13. NAME Alexander Harvey

14. BIRTHPLACE (city or town) Garrett County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Hannah Wilson

16. BIRTHPLACE (city or town) Garrett County
(State or country) Maryland

17. INFORMANT Mrs. Ruth Upperman
(Address) Deer Park, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Short Run, Md Date May 9, 1939

19. UNDERTAKER Otha F. Sharpless
(Address) Blaine, W.Va.

20. FILED 5/8, 1939 Aubrey Reid
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1939, to May 6, 1939

I last saw h.e.r alive on May 6, 1939; death is said to have occurred on the date stated above, at 7:00 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	March 1939
Auricular Fibrillation	1930
Hypertension	1930

Other Contributory Causes of Importenca:

Senility	

Neme of operetion ____ Date of ____

Whet test confirmad diegnosis? Routine Wes thara en autopsy? No

23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Dete of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was diseasa or injury in eny way related to occupation of deceased? No

If so, specify ____

(Signed) Ralph Calandella M. D.

(Address) Ritzville, Wash

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a) Reg. Dist. No. 16

CERTIFICATE OF DEATH

05001

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Garrett

(b) City or town Deer Park, Md. Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: -----

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----

(e) Length of stay in this community (yrs., mos., or days) 68 yr.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Garrett

(c) City or town (Rural) Deer Park, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2 Miles West Deer Park, Md. (If rural give location) R. D. #2

(e) If foreign born, how long in U. S. A.? --- years

3 (a) **FULL NAME** Mable (Enlow) Nine

3 (b) If veteran, name war ***

3 (c) Social Security No. ***

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William Thomas Nine

6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1870

8. **AGE:** Years 68 | Months 5 | Days 21 | If less than one day ---hr. ---min.

9. Birthplace Oakland, Garrett Co., Md. (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

FATHER

12. Name David T. Enlow

13. Birthplace Hoyes, Garrett Co., Md.

MOTHER

14. Maiden Name Lavenia Wilkins

15. Birthplace Addison, Pa.

16 (a) Informant W. T. Nine

(b) Address Deer Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1939 (month) (day) (year)

(c) Cemetery or crematory Deer Park,

Location Deer Park, Md.

18 (a) Funeral director Herbert C. Loughlan

(b) Address Oakland, Md.

19 (a) 5/5/39 (Date rec'd by registrar) (b) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death May 4, 1939, at 1:30A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1939, to May 4 1939, and that I last saw him alive on May 3 1939.

Immediate cause of death	Duration
Cerebral hemorrhage.	
Hemorrhage of arteriosclerosis	
Acute congestive cardiac failure	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Cliff P. Bergen M.D. M. D. or other

Address Oakland, Md Date signed 5-15-39

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JUN 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

(131)

Reg. Dist. No. 172

05002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Garrett

(b) City or town Swanton Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 69

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Garrett

(c) City or town Swanton
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Otto

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife H. H. Otto

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1868

8. AGE: Years 69 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Garrett Co
(Town, county, and state)

10. Usual occupation

11. Industry or business House Work

FATHER
12. Name Daniel O'Brien
13. Birthplace Garrett Co

MOTHER
14. Maiden Name Mary Pritts
15. Birthplace Garrett Co

16 (a) Informant Fan
(b) Address Westernport, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18/39 (month) (day) (year)

(c) Cemetery or crematory O'Brien Cemetery
Location Meadow Mt. Garrett Co. Md

18 (a) Funeral director Otha F. Sharpless
(b) Address Blaine, W. Va

19 (a) 5/18/39 (Date rec'd by registrar) (b) A. W. Damick Registrar

MEDICAL CERTIFICATION

20. Date of death May 15 1939, at 7 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1939, to May 15 1939, and that I last saw him alive on 5/15 1939.

Immediate cause of death Bronchus Pneumonia — Duration 3 days

Due to Chr. Myocarditis

Due Chr. Nephritis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(c) Means of injury

23. Signature J. W. Reeves MD
M. D. or other

Address Westernport Md Date signed 5/15/39

VS. A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 3 1939
BUREAU V. S.

65003

STATE OF MARYLAND
CERTIFICATE OF DEATH

(131)

Registration Dist. No. 17

1 PLACE OF DEATH

County Garrett

Village or City Deer Park (No. ____ St.: ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph H. Paugh

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH: Mar. 18, 1852 (Month) (Day) (Year)

7 AGE: 87 yrs. 2 mos. 6 ds. If LESS than 1 day ..... hrs. or .... min. ?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry business, or establishment in which employed or (employer): ____

9 BIRTHPLACE (State or country): Mt. Zion, Md.

PARENTS

10 NAME OF FATHER: William Paugh

11 BIRTHPLACE OF FATHER (State or country): Garrett Co. Md

12 MAIDEN NAME OF MOTHER: Eliza Paugh

13 BIRTHPLACE OF MOTHER (State or country): Deer Park, Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George B. Paugh

(Address) Deer Park, Md

15 Filed 5/25 1939 Alice Barnick Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 24, 1939 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 6-1- 1935, to 5-24- 1939, that I last saw him alive on 5-14- 1939, and that death occurred on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH * was as follows:

Arteriosclerosis
Arthritis, Chronic Multiple

(Duration) 4 yrs. ____ mos. ____ ds.

Contributory Secondary: General weakness

(Duration) ____ yrs. 1 mos. ____ ds.

(Signed) Edward H. Williams M. D.

5-26- 1939 (Address) Deer Park, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ... mos. .... da. In the State, ... yrs. ..... mos. ... da.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL OR REMOVAL: Paugh Cemetery Deer Park, Md

DATE OF BURIAL: May 26, 1939

20 UNDERTAKER: O. F. Sharpless

ADDRESS: Blaine, W. Va.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1.

V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE ONLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ACE should be stated EXACTLY, PHYSICIANS should state

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (Retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 3 1909
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 05004

(131)

1. PLACE OF DEATH

County Garrett Registration Dist. No. 172

Village or City Yoder No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Samuel Pennell If U. S. Veteran, specify WAR

(a) Residence: No. Yoder St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Secretia Pennell

6. DATE OF BIRTH (month, day, and year) May 28, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Miner

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Coal—Mine

10. Date deceased last worked at this occupation (month and year) March 1934

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Parsons W. Va.

FATHER

13. NAME James Samuel Pennell

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Stanley Pennell (Address) Yoder, Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Cemetery Date May 16, 1939 Garrett County

19. UNDERTAKER D. E. Bray (Address) Bartow, Md.

20. FILED May 16, 1939 E. O. Bray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 8 1939, to May 14 1939

I last saw him alive on May 8 1939; death is said to have occurred on the date stated above, at 8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	5/8/39
Chronic Nephritis with Toxemia	Uncertain
Other Contributory Causes of importance: Hypotension	?
Intestinal Stasis	May 8 1939
Senility	

Name of operation None Date of

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. R. Linson M. D.

(Address) Kitzmiller, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
JUN 3 1939
BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05005

1. PLACE OF DEATH (937)

County Garrett — Registration Dist. No. 171

Village or City Accident R D — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamine M Schrock — If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) — If nonresident give city or town and State

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Schrock

6. DATE OF BIRTH (month, day, and year) May 8 — 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) 3 — 12 — 1939 — 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Moses Schrock

14. BIRTHPLACE (city or town) Pa (State or country)

MOTHER

15. MAIDEN NAME Catherine Beachy

16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT Susan Schrock (Address) Accident Md R D

18. BURIAL, CREMATION, OR REMOVAL Place Cherry Grade Date 5-19-1939

19. UNDERTAKER Wm Winterberg (Address) Grantsville

20. FILED May 18, 1939 Emorie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 17 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1939, to May 17, 1939

I last saw h... alive on May 16, 1939, death is said to have occurred on the date stated above, at 3 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Parkynsonal tachycardia	5-15-39
Other Contributory Causes of importance:	
Influenza	5-12-39

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) E H Hoke Jr M. D.

(Address) Salisbury Pa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 2, 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 166

CERTIFICATE OF DEATH

05006

1. PLACE OF DEATH:

(a) County GARRETT

(b) City or town HUTTON, MD.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 26 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Garrett

(c) City or town Hutton, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? Yes. years

3 (a) **FULL NAME** JOHN STEVEN SERENO.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife TESTA SERENO.

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1861

8. AGE: Years 78 | Months 5 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace FRANCE
(Town, county, and state)

10. Usual occupation MERCHANT.

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace

16 (a) Informant MRS. JENNIE CRESPY.
(b) Address NEW CASTLE, PA.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9th, 1939 (month) (day) (year)

(c) Cemetery or crematory OAKLAND CEMETERY
Location Oakland, Md.

18 (a) Funeral director EMROY D. BOLDEN.
(b) Address OAKLAND, MD.

19 (a) 5-7-1939 (Date rec'd by registrar) (b) Julia Rowen Registrar

MEDICAL CERTIFICATION

20. Date of death May 6 1939, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 16 1939, to May 6 1939, and that I last saw him alive on May 1 1939.

Immediate cause of death	Duration
Cardiac Decompensation	
Due to Rheumatic Heart	
Due to Heart Block, Hypertrophy, Dilatation + Mitral Stenosis + Insufficiency	
Due to Rheumatic Heart Disease	
Other conditions Uremia due to Hydronephrosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas. E. Smith M.D.
M. D. or other

Address Terra Alta Date signed May 7/1939.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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05007

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County GARRETT Registration Dist. No. 16 6

Village or City Oakland, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Catherine White. If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single.

5a. If married, widowed, or divorced HUSBAND of Daughter of Rowan & Margaret White

6. DATE OF BIRTH (month, day, and year) Sept 30th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Seamstress

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland, (State or country) Oakland. Garrett Co.

FATHER

13. NAME Rowan White ,

14. BIRTHPLACE (city or town) Pe nn. (State or country)

MOTHER

15. MAIDEN NAME Margaret Waltz.

16. BIRTHPLACE (city or town) Garrett County. (State or country)

17. INFORMANT Miss Bert White. (Address) O akland, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Oakland, Cem Date May 21st, 19 39

19. UNDERTAKER Emroy D. Bolden. (Address) Oakland, Md.

20. FILED 5-20-, 19 39 Julia Rowan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 18 (Day) 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from April 1939, to May 18, 1937

I last saw her alive on May 17, 1939; death is said to have occurred on the date stated above, at 12:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. C. Hinsbaugh M.D.

(Address) Oakland Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible], WITH UNFADING INK—THIS IS A PERMANENT REC[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

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Example II

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Peritonitis	*3 days ago*
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Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN